



MONTANA STATE HOSPITAL POLICY AND PROCEDURE

Infection Prevention and Control Plan

Effective Date: February 2, 2021

Policy #: IC-09

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I. PURPOSE:

- A. The goal of Montana State Hospital (MSH) is to establish a comprehensive Infection Prevention and Control Program to ensure the organization has a functioning coordinated process in place to minimize the risks of endemic and epidemic Healthcare-Associated Infections (HAI) in patients and health care workers while optimizing the use of resources through a strong preventive program.
- B. The MSH Infection Control Committee incorporates the following on an ongoing basis:
 - 1. Surveillance, prevention, and the control of infections throughout the organization.
 - 2. Development of alternative techniques to address real and potential exposures.
 - 3. Selection and implementation of the best techniques to minimize adverse outcomes.
 - 4. Evaluation and monitoring of results allowing for revision of techniques as needed.

II. POLICY:

The Infection Prevention and Control Program at MSH allows for a systematic, coordinated, and continuous approach. This program is guided by the following:

- A. All pertinent federal, state, and local regulations pertaining to infection control. Some examples of associated entities would be OSHA, CDC, NIH, etc.
- B. In-service education for all employees, which begins at date of hire with refresher courses occurring, at a minimum, on an annual basis. This training carries an emphasis on proper use of personal protective equipment (PPE) for personnel who may have exposure to blood and/or body fluids. Additional emphasis is placed on educating staff regarding conditions such as tuberculosis and modes of transmission.
- C. Surveillance programs among patients and personnel, which when possible shall include monitoring for HAI. All infectious conditions will be monitored when a treatment is ordered by the licensed independent practitioner.
- D. Targeted studies conducted on all infections considered high-risk and/or high-volume. These reviews shall ensure selected HAIs and laboratory reports will be evaluated.
- E. Monitoring and evaluation of key performance aspects of infection control surveillance, prevention, and management, which are:
 - 1. Device-related infections
 - 2. Multi-drug resistant organisms
 - 3. TB (tuberculin skin test conversions in patients and staff)

4. Occupational exposure to bloodborne pathogens
5. Other communicable diseases
6. Employee health trends
7. Blood/body fluid exposures in healthcare providers

- F. Continuous collection and/or screening of data to identify potential infectious outbreaks.
- G. Participation in an organizational proactive education program in an effort to reduce and control spread of infection.
- H. Facilitation of a multi-disciplinary approach to the prevention and control of infections.
- I. Utilization of sound epidemiologic principles and nosocomial infection research from recognized authoritative agencies.
- J. Collaboration with all organizational policies and procedures impacting the prevention and control of infection.
- K. Interaction with and reporting to federal, state, and local governmental agencies.

III. DEFINITIONS: None

IV. RESPONSIBILITIES:

- A. Staff and residents of treatment units are responsible for maintaining a sanitary living area.
- B. Nursing staff are responsible for being familiar with and implementing infection control policies.
- C. The Infection Control Manager is responsible for following policies and procedures related to infection prevention and control and updating hospital procedures as needed.
- D. The hospital administration is responsible for assisting the Infection Control Manager and the Infection Control Committee by supporting DPHHS' policy for prevention and control of the spread of infection.
- E. The Director of Quality Improvement is responsible for reviewing hospital procedures and enhancing the program using performance improvement activities related to infection prevention and control.

V. PROCEDURE:

- A. A corrective action plan will be formulated when evaluation identifies an area of concern, a specific problem, or an opportunity for improvement. The corrective action plan is collaborative by design.
- B. When problems or opportunities for improvement are identified, any actions taken and/or recommended will be documented in the minutes of the MSH Infection Control Committee

meeting. Meeting minutes are forwarded to Director of Quality Improvement for review and associated action, as necessary.

- C. If immediate action is necessary, the MSH Infection Control Manager or designee, has the authority to institute any surveillance, prevention, and/or control measures, if there is reason to believe any patient or personnel is at risk.
- D. The Infection Control Committee and Infection Control Manager have the responsibility for infection prevention and control activities throughout the facility. This committee is governed by a physician having knowledge of infection control practices and performance improvement methodologies. The physician guides the committee on decisions for improvement of care through the prevention and control of infections.
- E. The responsibility and direct accountability for the surveillance, data gathering, aggregation, and analysis rests directly with the Infection Control Manager.
- F. Hospital personnel and medical staff members share accountability in the reporting of isolation cases, suspected infection, and positive cultures to the Infection Control Nurse. Collaboration must occur among departments, as well as with the Infection Control Nurse, to identify observed HAI trends or patterns and opportunities to improve outcomes in reduction and the control of infections.
- G. Hospital personnel and residents of treatment units are advised that food and beverages (with the exception of water) must be stored/consumed in designated areas of the treatment units. No food or beverage other than water may be stored/consumed in patient rooms, unless authorized by the treatment team (i.e., when a patient is in seclusion).
- H. The Infection Prevention Control Manager will:
 - 1. Review positive cultures, which are investigated and categorized by:
 - a. Cluster of pathogens,
 - b. location involved, and
 - c. personnel/medical staff involved.
 - 2. Review and evaluate confirmed infectious cases to ensure correct implementation of blood and body fluid barriers occur when appropriate. Periodic observation of nursing staff should be used to verify standard precautions are used for all patients.
 - 3. Conduct Infection Prevention and Control inspections (Attachment A). The inspection schedule is identified one per month and includes all hospital locations. The only exception to this requirement is the Dietary Department, which will have a separate inspection schedule generated by the Infection Control Manager (Attachment B). These forms may change based upon the needs of the institution or needs determined by the Infection Control Manager.
 - 4. Review of hazardous waste/bio-hazard management and disposal throughout the facility.
 - 5. Generate and present reports to governmental agencies / representatives.

6. Identify and track key performance measures related to process and outcome in an effort to continuously improve the management of HAIs throughout the organization. These steps include but are not limited to:

- a. Comprehensive periodic surveillance (baseline rates established) outcomes
- b. Clustering of HAIs
- c. Bacteremia
- d. Unusual bacteria

- I. The Staff Development Department and Infection Control Manager will offer healthcare in-service education related to infection prevention and control practices to patients and hospital personnel.
- J. The Infection Control Manager supplies the Director of Quality Improvement with information useful in identifying potential quality control problems throughout the hospital. The link between performance improvement and infection prevention and control activities is directly tied to information gathering and clinical analysis. Both are designed to identify patterns of patient care events leading to suboptimal outcomes, thus identifying areas where patient care may need improvement.
- K. The Infection Control Manager directly interacts with patient care teams, which allows for interacting within the care and treatment functions, enhances communication between both groups, thus avoiding potential infection with patients and staff.
- L. The Infection Control Manager interfaces with the facility Safety Officer to solicit assistance with management of infectious conditions potentially hazardous to patients and staff.
- M. The Infection Control Manager monitors the entire Infection Prevention and Control Program allowing the hospital to determine if procedures are working well or require revision (internal or external). This process allows for the immediate identification of any portion of the program in need of revision or the addition of content to the policy.
 - 1. Monitoring of the infection control program is achieved through:
 - a. Committee interaction, especially the Infection Prevention and Coordinating Group
 - b. Daily job functions of the Infection Control Manager
 - c. Comparisons of current statistical information, historical data, and bench marking
 - d. Review of policy and procedure; future surveys and inspections, both internal and external
 - e. Interaction with external health care entities as needed

VI. REFERENCES: Surveillance Prevention and Control of Infection, Medical Consultants Network.

VII. COLLABORATED WITH: Director of Quality Improvement, Safety Officer, and Director of Nursing.

VIII. RESCISSIONS: IC-09, *Infection Prevention and Control Plan* dated July 31, 2018; IC-09, *Infection Prevention and Control Plan* dated February 24, 2017; IC-09, *Infection Prevention and Control Plan* dated February 17, 2012; IC-09, *Infection Prevention and Control Plan* dated May 18, 2010; IC-09, *Infection Control Plan* dated October 30, 2006; IC-09, *Infection Control Plan* dated

December 18, 2002; Policy IC-09, *Infection Control Plan* dated February 14, 2000; HOPP 8-01C.080074, *Infection Control Program*, dated August 1974.

- IX. DISTRIBUTION:** All hospital policy manuals.
- X. ANNUAL REVIEW AND AUTHORIZATION:** This policy is subject to annual review and authorization for use by either the Administrator or the Medical Director with written documentation of the review per ARM § 37-106-330.
- XI. FOLLOW-UP RESPONSIBILITY:** Infection Control Nurse
- XII. ATTACHMENTS:**
- A. Infection Prevention and Control Inspection Worksheet
- B. Dietary Infection Prevention and Control Inspection Worksheet

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 Kyle Fouts Date
 Hospital Administrator

_____/_____/_____
Thomas Gray, MD Date
Medical Director